

# SENATE AMENDMENTS

2<sup>nd</sup> Printing

By: Price, Oliverson, Coleman, Ashby,  
Guillen, et al.

H.B. No. 4

A BILL TO BE ENTITLED

AN ACT

relating to the provision and delivery of health care services under Medicaid and other public benefits programs using telecommunications or information technology and to reimbursement for some of those services.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Section 531.0216(i), Government Code, is amended to read as follows:

(i) The executive commissioner by rule shall ensure that a rural health clinic as defined by 42 U.S.C. Section 1396d(1)(1) and a federally qualified health center as defined by 42 U.S.C. Section 1396d(1)(2)(B) may be reimbursed for the originating site facility fee or the distant site practitioner fee or both, as appropriate, for a covered telemedicine medical service or telehealth service delivered by a health care provider to a Medicaid recipient. The commission is required to implement this subsection only if the legislature appropriates money specifically for that purpose. If the legislature does not appropriate money specifically for that purpose, the commission may, but is not required to, implement this subsection using other money available to the commission for that purpose.

SECTION 2. Subchapter B, Chapter 531, Government Code, is amended by adding Section 531.02161 to read as follows:

Sec. 531.02161. PROVISION OF SERVICES THROUGH

1 TELECOMMUNICATIONS AND INFORMATION TECHNOLOGY UNDER MEDICAID AND  
2 OTHER PUBLIC BENEFITS PROGRAMS. (a) In this section, "case  
3 management services" includes service coordination, service  
4 management, and care coordination.

5 (b) To the extent permitted by federal law and to the extent  
6 it is cost-effective and clinically effective, as determined by the  
7 commission, the commission shall ensure that Medicaid recipients,  
8 child health plan program enrollees, and other individuals  
9 receiving benefits under a public benefits program administered by  
10 the commission or a health and human services agency, regardless of  
11 whether receiving benefits through a managed care delivery model or  
12 another delivery model, have the option to receive services as  
13 telemedicine medical services, telehealth services, or otherwise  
14 using telecommunications or information technology, including the  
15 following services:

16 (1) preventative health and wellness services;  
17 (2) case management services, including targeted case  
18 management services;

19 (3) subject to Subsection (c), behavioral health  
20 services;

21 (4) occupational, physical, and speech therapy  
22 services;

23 (5) nutritional counseling services; and

24 (6) assessment services, including nursing  
25 assessments under the following Section 1915(c) waiver programs:

26 (A) the community living assistance and support  
27 services (CLASS) waiver program;

1                   (B) the deaf-blind with multiple disabilities  
2 (DBMD) waiver program;

3                   (C) the home and community-based services (HCS)  
4 waiver program; and

5                   (D) the Texas home living (TxHmL) waiver program.

6           (c) The commission by rule shall develop and implement a  
7 system to ensure behavioral health services may be provided using  
8 audio-only technology to a Medicaid recipient, a child health plan  
9 program enrollee, or another individual receiving those services  
10 under another public benefits program administered by the  
11 commission or a health and human services agency.

12           (d) If the executive commissioner determines that providing  
13 services other than behavioral health services is appropriate using  
14 audio-only technology under a public benefits program administered  
15 by the commission or a health and human services agency, in  
16 accordance with applicable federal and state law, the executive  
17 commissioner may by rule authorize the provision of those services  
18 under the applicable program using that technology. In determining  
19 whether the use of audio-only technology in a program is  
20 appropriate under this subsection, the executive commissioner  
21 shall consider whether using the technology would be cost-effective  
22 and clinically effective.

23           SECTION 3. Section 531.02164, Government Code, is amended  
24 by adding Subsection (f) to read as follows:

25           (f) To comply with state and federal requirements to provide  
26 access to medically necessary services under the Medicaid managed  
27 care program, a Medicaid managed care organization may reimburse

1 providers for home telemonitoring services provided to persons and  
2 in circumstances other than those expressly authorized by this  
3 section. In determining whether the managed care organization  
4 should provide reimbursement for services under this subsection,  
5 the organization shall consider whether reimbursement for the  
6 service is cost-effective and providing the service is clinically  
7 effective.

8 SECTION 4. Section 533.0061(b), Government Code, is amended  
9 to read as follows:

10 (b) To the extent it is feasible, the provider access  
11 standards established under this section must:

12 (1) distinguish between access to providers in urban  
13 and rural settings; ~~and~~

14 (2) consider the number and geographic distribution of  
15 Medicaid-enrolled providers in a particular service delivery area;  
16 and

17 (3) consider and include the availability of  
18 telehealth services and telemedicine medical services within the  
19 provider network of a managed care organization.

20 SECTION 5. Section 533.008, Government Code, is amended by  
21 adding Subsection (c) to read as follows:

22 (c) The executive commissioner shall adopt and publish  
23 guidelines for Medicaid managed care organizations regarding how  
24 organizations may communicate by text message with recipients  
25 enrolled in the organization's managed care plan. The guidelines  
26 must include standardized consent language to be used by  
27 organizations in obtaining a recipient's consent to receive



1 communications by text message.

2 SECTION 6. Subchapter A, Chapter 533, Government Code, is  
3 amended by adding Section 533.039 to read as follows:

4 Sec. 533.039. DELIVERY OF BENEFITS USING  
5 TELECOMMUNICATIONS AND INFORMATION TECHNOLOGY. (a) The commission  
6 shall establish policies and procedures to improve access to care  
7 under the Medicaid managed care program by encouraging the use of  
8 telehealth services, telemedicine medical services, home  
9 telemonitoring services, and other telecommunications or  
10 information technology under the program.

11 (b) To the extent permitted by federal law, the commission  
12 by rule shall establish policies and procedures that allow a  
13 Medicaid managed care organization to conduct assessments of and  
14 provide care coordination services to recipients receiving home and  
15 community-based services using another telecommunications or  
16 information technology if:

17 (1) the managed care organization determines using the  
18 telecommunications or information technology is appropriate;

19 (2) the recipient requests that the assessment or  
20 activity is provided using telecommunications or information  
21 technology;

22 (3) an in-person assessment or activity is not  
23 feasible because of the existence of an emergency or state of  
24 disaster, including a public health emergency or natural disaster;  
25 or

26 (4) the commission determines using the  
27 telecommunications or information technology is appropriate under

1 the circumstances.

2 (c) If a managed care organization conducts an assessment of  
3 or provides care coordination services to a recipient using  
4 telecommunications or information technology, the managed care  
5 organization shall:

6 (1) monitor the health care services provided to the  
7 recipient for evidence of fraud, waste, and abuse; and

8 (2) determine whether additional social services or  
9 supports are needed.

10 (d) To the extent permitted by federal law, the commission  
11 shall allow a recipient who is assessed or provided with care  
12 coordination services by a Medicaid managed care organization using  
13 telecommunications or information technology to provide consent or  
14 other authorizations to receive services verbally instead of in  
15 writing.

16 (e) The commission shall determine categories of recipients  
17 of home and community-based services who must receive in-person  
18 visits. Except during circumstances described by Subsection  
19 (b)(3), a Medicaid managed care organization shall, for a recipient  
20 of home and community-based services for which the commission  
21 requires in-person visits, conduct:

22 (1) at least one in-person visit with the recipient;  
23 and

24 (2) additional in-person visits with the recipient if  
25 necessary, as determined by the managed care organization.

26 SECTION 7. Section 62.1571, Health and Safety Code, is  
27 amended to read as follows:

1           Sec. 62.1571. TELEMEDICINE MEDICAL SERVICES AND TELEHEALTH  
2 SERVICES. (a) In providing covered benefits to a child, a health  
3 plan provider must permit benefits to be provided through  
4 telemedicine medical services and telehealth services in  
5 accordance with policies developed by the commission.

6           (b) The policies must provide for:

7                 (1) the availability of covered benefits  
8 appropriately provided through telemedicine medical services or  
9 telehealth services that are comparable to the same types of  
10 covered benefits provided without the use of telemedicine medical  
11 services or telehealth services; and

12                (2) the availability of covered benefits for different  
13 services performed by multiple health care providers during a  
14 single session of telemedicine medical services or telehealth  
15 services, if the executive commissioner determines that delivery of  
16 the covered benefits in that manner is cost-effective in comparison  
17 to the costs that would be involved in obtaining the services from  
18 providers without the use of telemedicine medical services or  
19 telehealth services, including the costs of transportation and  
20 lodging and other direct costs.

21           (d) In this section, "telehealth service" and "telemedicine  
22 medical service" have [~~has~~] the meanings [~~meaning~~] assigned by  
23 Section 531.001, Government Code.

24           SECTION 8. Not later than January 1, 2022, the Health and  
25 Human Services Commission shall:

26                 (1) implement Section 531.02161, Government Code, as  
27 added by this Act; and

1           (2) publish the guidelines required by Section  
2 533.008(c), Government Code, as added by this Act.

3           SECTION 9. If before implementing any provision of this Act  
4 a state agency determines that a waiver or authorization from a  
5 federal agency is necessary for implementation of that provision,  
6 the agency affected by the provision shall request the waiver or  
7 authorization and may delay implementing that provision until the  
8 waiver or authorization is granted.

9           SECTION 10. This Act takes effect immediately if it  
10 receives a vote of two-thirds of all the members elected to each  
11 house, as provided by Section 39, Article III, Texas Constitution.  
12 If this Act does not receive the vote necessary for immediate  
13 effect, this Act takes effect September 1, 2021.

ADOPTED

MAY 24 2021

By: Buckingham

*Latey Spaw*  
Secretary of the Senate

H.B. No. 4

Substitute the following for H.B. No. 4:

By: [Signature]

C.S. H.B. No. 4

A BILL TO BE ENTITLED

AN ACT

relating to the provision and delivery of certain health care services in this state, including services under Medicaid and other public benefits programs, using telecommunications or information technology and to reimbursement for some of those services.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Section 531.0216(i), Government Code, is amended to read as follows:

(i) The executive commissioner by rule shall ensure that a rural health clinic as defined by 42 U.S.C. Section 1396d(1)(1) and a federally qualified health center as defined by 42 U.S.C. Section 1396d(1)(2)(B) may be reimbursed for the originating site facility fee or the distant site practitioner fee or both, as appropriate, for a covered telemedicine medical service or telehealth service delivered by a health care provider to a Medicaid recipient. The commission is required to implement this subsection only if the legislature appropriates money specifically for that purpose. If the legislature does not appropriate money specifically for that purpose, the commission may, but is not required to, implement this subsection using other money available to the commission for that purpose.

SECTION 2. Subchapter B, Chapter 531, Government Code, is amended by adding Section 531.02161 to read as follows:

Sec. 531.02161. PROVISION OF SERVICES THROUGH

1 TELECOMMUNICATIONS AND INFORMATION TECHNOLOGY UNDER MEDICAID AND  
2 OTHER PUBLIC BENEFITS PROGRAMS. (a) In this section:

3 (1) "Behavioral health services" has the meaning  
4 assigned by Section 533.00255.

5 (2) "Case management services" includes service  
6 coordination, service management, and care coordination.

7 (b) To the extent permitted by federal law and to the extent  
8 it is cost-effective and clinically effective, as determined by the  
9 commission, the commission shall ensure that Medicaid recipients,  
10 child health plan program enrollees, and other individuals  
11 receiving benefits under a public benefits program administered by  
12 the commission or a health and human services agency, regardless of  
13 whether receiving benefits through a managed care delivery model or  
14 another delivery model, have the option to receive services as  
15 telemedicine medical services, telehealth services, or otherwise  
16 using telecommunications or information technology, including the  
17 following services:

18 (1) preventive health and wellness services;

19 (2) case management services, including targeted case  
20 management services;

21 (3) subject to Subsection (c), behavioral health  
22 services;

23 (4) occupational, physical, and speech therapy  
24 services;

25 (5) nutritional counseling services; and

26 (6) assessment services, including nursing  
27 assessments under the following Section 1915(c) waiver programs:

1                   (A) the community living assistance and support  
2 services (CLASS) waiver program;

3                   (B) the deaf-blind with multiple disabilities  
4 (DBMD) waiver program;

5                   (C) the home and community-based services (HCS)  
6 waiver program; and

7                   (D) the Texas home living (TxHmL) waiver program.

8           (c) To the extent permitted by state and federal law and to  
9 the extent it is cost-effective and clinically effective, as  
10 determined by the commission, the executive commissioner by rule  
11 shall develop and implement a system that ensures behavioral health  
12 services may be provided using an audio-only platform consistent  
13 with Section 111.008, Occupations Code, to a Medicaid recipient, a  
14 child health plan program enrollee, or another individual receiving  
15 those services under another public benefits program administered  
16 by the commission or a health and human services agency.

17           (d) If the executive commissioner determines that providing  
18 services other than behavioral health services is appropriate using  
19 an audio-only platform under a public benefits program administered  
20 by the commission or a health and human services agency, in  
21 accordance with applicable federal and state law, the executive  
22 commissioner may by rule authorize the provision of those services  
23 under the applicable program using the audio-only platform. In  
24 determining whether the use of an audio-only platform in a program  
25 is appropriate under this subsection, the executive commissioner  
26 shall consider whether using the platform would be cost-effective  
27 and clinically effective.

1           SECTION 3. Section 531.02164, Government Code, is amended  
2 by adding Subsection (f) to read as follows:

3           (f) To comply with state and federal requirements to provide  
4 access to medically necessary services under the Medicaid managed  
5 care program, a Medicaid managed care organization may reimburse  
6 providers for home telemonitoring services provided to persons who  
7 have conditions and exhibit risk factors other than those expressly  
8 authorized by this section. In determining whether the managed  
9 care organization should provide reimbursement for services under  
10 this subsection, the organization shall consider whether  
11 reimbursement for the service is cost-effective and providing the  
12 service is clinically effective.

13          SECTION 4. Section 533.0061(b), Government Code, is amended  
14 to read as follows:

15          (b) To the extent it is feasible, the provider access  
16 standards established under this section must:

17               (1) distinguish between access to providers in urban  
18 and rural settings; ~~and~~

19               (2) consider the number and geographic distribution of  
20 Medicaid-enrolled providers in a particular service delivery area;  
21 and

22               (3) subject to Section 531.0216(c) and consistent with  
23 Section 111.007, Occupations Code, consider and include the  
24 availability of telehealth services and telemedicine medical  
25 services within the provider network of a Medicaid managed care  
26 organization.

27          SECTION 5. Section 533.008, Government Code, is amended by



1 adding Subsection (c) to read as follows:

2 (c) The executive commissioner shall adopt and publish  
3 guidelines for Medicaid managed care organizations regarding how  
4 organizations may communicate by text message or e-mail with  
5 recipients enrolled in the organization's managed care plan using  
6 the contact information provided in a recipient's application for  
7 Medicaid benefits under Section 32.025(g)(2), Human Resources  
8 Code.

9 SECTION 6. Subchapter A, Chapter 533, Government Code, is  
10 amended by adding Section 533.039 to read as follows:

11 Sec. 533.039. DELIVERY OF BENEFITS USING  
12 TELECOMMUNICATIONS AND INFORMATION TECHNOLOGY. (a) The commission  
13 shall establish policies and procedures to improve access to care  
14 under the Medicaid managed care program by encouraging the use of  
15 telehealth services, telemedicine medical services, home  
16 telemonitoring services, and other telecommunications or  
17 information technology under the program.

18 (b) To the extent permitted by federal law, the executive  
19 commissioner by rule shall establish policies and procedures that  
20 allow a Medicaid managed care organization to conduct assessments  
21 and provide care coordination services using telecommunications or  
22 information technology. In establishing the policies and  
23 procedures, the executive commissioner shall consider:

24 (1) the extent to which a managed care organization  
25 determines using the telecommunications or information technology  
26 is appropriate;

27 (2) whether the recipient requests that the assessment

1 or service be provided using telecommunications or information  
2 technology;

3 (3) whether the recipient consents to receiving the  
4 assessment or service using telecommunications or information  
5 technology;

6 (4) whether conducting the assessment, including an  
7 assessment for an initial waiver eligibility determination, or  
8 providing the service in person is not feasible because of the  
9 existence of an emergency or state of disaster, including a public  
10 health emergency or natural disaster; and

11 (5) whether the commission determines using the  
12 telecommunications or information technology is appropriate under  
13 the circumstances.

14 (c) If a Medicaid managed care organization conducts an  
15 assessment of or provides care coordination services to a recipient  
16 using telecommunications or information technology, the managed  
17 care organization shall:

18 (1) monitor the health care services provided to the  
19 recipient for evidence of fraud, waste, and abuse; and

20 (2) determine whether additional social services or  
21 supports are needed.

22 (d) To the extent permitted by federal law, the commission  
23 shall allow a recipient who is assessed or provided with care  
24 coordination services by a Medicaid managed care organization using  
25 telecommunications or information technology to provide consent or  
26 other authorizations to receive services verbally instead of in  
27 writing.

1       (e) The commission shall determine categories of recipients  
2 of home and community-based services who must receive in-person  
3 visits. Except during circumstances described by Subsection  
4 (b)(4), a Medicaid managed care organization shall, for a recipient  
5 of home and community-based services for which the commission  
6 requires in-person visits, conduct:

7               (1) at least one in-person visit with the recipient to  
8 make an initial waiver eligibility determination; and

9               (2) additional in-person visits with the recipient if  
10 necessary, as determined by the managed care organization.

11       (f) Notwithstanding the provisions of this section, the  
12 commission may, on a case-by-case basis, require a Medicaid managed  
13 care organization to discontinue the use of telecommunications or  
14 information technology for assessment or service coordination  
15 services if the commission determines that the discontinuation is  
16 in the best interest of the recipient.

17       SECTION 7. Section 62.1571, Health and Safety Code, is  
18 amended to read as follows:

19       Sec. 62.1571. TELEMEDICINE MEDICAL SERVICES AND TELEHEALTH  
20 SERVICES. (a) In providing covered benefits to a child, a health  
21 plan provider must permit benefits to be provided through  
22 telemedicine medical services and telehealth services in  
23 accordance with policies developed by the commission.

24       (b) The policies must provide for:

25               (1) the availability of covered benefits  
26 appropriately provided through telemedicine medical services or  
27 telehealth services that are comparable to the same types of

1 covered benefits provided without the use of telemedicine medical  
2 services or telehealth services; and

3 (2) the availability of covered benefits for different  
4 services performed by multiple health care providers during a  
5 single session of telemedicine medical services or telehealth  
6 services, if the executive commissioner determines that delivery of  
7 the covered benefits in that manner is cost-effective in comparison  
8 to the costs that would be involved in obtaining the services from  
9 providers without the use of telemedicine medical services or  
10 telehealth services, including the costs of transportation and  
11 lodging and other direct costs.

12 (d) In this section, "telehealth service" and "telemedicine  
13 medical service" have [~~has~~] the meanings [~~meaning~~] assigned by  
14 Section 531.001, Government Code.

15 SECTION 8. Subchapter A, Chapter 462, Health and Safety  
16 Code, is amended by adding Section 462.015 to read as follows:

17 Sec. 462.015. OUTPATIENT TREATMENT SERVICES PROVIDED USING  
18 TELECOMMUNICATIONS OR INFORMATION TECHNOLOGY. (a) An outpatient  
19 chemical dependency treatment program provided by a treatment  
20 facility licensed under Chapter 464 may provide services under the  
21 program to adult and adolescent clients, consistent with commission  
22 rule, using telecommunications or information technology.

23 (b) The executive commissioner shall adopt rules to  
24 implement this section.

25 SECTION 9. Section 462.025, Health and Safety Code, is  
26 amended by adding Subsection (d-1) to read as follows:

27 (d-1) The rules governing the intake, screening, and

1 assessment procedures shall establish minimum standards for  
2 providing intake, screening, and assessment using  
3 telecommunications or information technology.

4 SECTION 10. Section 32.025(g), Human Resources Code, is  
5 amended to read as follows:

6 (g) The application form adopted under this section must  
7 include:

8 (1) for an applicant who is pregnant, a question  
9 regarding whether the pregnancy is the woman's first gestational  
10 pregnancy; and

11 (2) for all applicants, a question regarding the  
12 applicant's preferences for being contacted by a managed care  
13 organization or health care provider, as follows:

14 "If you are determined eligible for benefits, your  
15 managed care organization or health plan provider may contact you  
16 by telephone, text message, or e-mail about health care matters,  
17 including reminders for appointments and information about  
18 immunizations or well check visits. All preferred methods of  
19 contact listed on this application will be shared with your managed  
20 care organization or health plan provider. Please indicate below  
21 your preferred methods of contact in order of preference, with the  
22 number 1 being the most preferable method:

23 (1) By telephone (if contacted by cellular telephone, the  
24 call may be autodialed or prerecorded, and your carrier's usage  
25 rates may apply)? Yes No

26 Telephone number: \_\_\_\_\_

27 Order of preference: 1 2 3 (circle a number)

1           (2) By text message (a free autodialed service, but your  
2 carrier may charge message and data rates)? Yes No

3           Cellular telephone number: \_\_\_\_\_

4           Order of preference: 1 2 3 (circle a number)

5           (3) By e-mail? Yes No

6           E-mail address: \_\_\_\_\_

7           Order of preference: 1 2 3 (circle a number)".

8           SECTION 11. Not later than January 1, 2022, the Health and  
9 Human Services Commission shall:

10           (1) implement Section 531.02161, Government Code, as  
11 added by this Act; and

12           (2) publish the guidelines required by Section  
13 533.008(c), Government Code, as added by this Act.

14           SECTION 12. If before implementing any provision of this  
15 Act a state agency determines that a waiver or authorization from a  
16 federal agency is necessary for implementation of that provision,  
17 the agency affected by the provision shall request the waiver or  
18 authorization and may delay implementing that provision until the  
19 waiver or authorization is granted.

20           SECTION 13. This Act takes effect immediately if it  
21 receives a vote of two-thirds of all the members elected to each  
22 house, as provided by Section 39, Article III, Texas Constitution.  
23 If this Act does not receive the vote necessary for immediate  
24 effect, this Act takes effect September 1, 2021.

# ADOPTED

MAY 24 2021

FLOOR AMENDMENT NO. 1

*Lately Spaw*  
Secretary of the Senate

BY: *D. Burkling*

Amend C.S.H.B. No. 4 (senate committee report) as follows:

(1) In SECTION 5 of the bill, in added Section 533.008(c), Government Code (page 3, line 3), between "Code" and the underlined period, insert ", including updated information provided to the organization in accordance with Section 32.025(h), Human Resources Code".

(2) Strike SECTION 10 of the bill (page 4, lines 38 through 68) and substitute the following:

SECTION 10. Section 32.025, Human Resources Code, is amended by amending Subsection (g) and adding Subsection (h) to read as follows:

(g) The application form, including a renewal form, adopted under this section must include:

(1) for an applicant who is pregnant, a question regarding whether the pregnancy is the woman's first gestational pregnancy; ~~and~~

(2) for all applicants, a question regarding the applicant's preferences for being contacted by a managed care organization or health plan provider that provides the applicant with the option to be contacted~~, as follows:~~

~~["If you are determined eligible for benefits, your managed care organization or health plan provider may contact you]~~ by telephone, text message, or e-mail about health care matters, including reminders for appointments and information about immunizations or well check visits; and

(3) language that:

(A) notifies the applicant that, if determined eligible for benefits, all preferred contact methods listed on the application and renewal forms will be shared with the applicant's

1 managed care organization or health plan provider;

2 (B) allows the applicant to consent to being  
3 contacted through the preferred contact methods by the applicant's  
4 managed care organization or health plan provider; and

5 (C) explains the security risks of electronic  
6 communication. ~~[All preferred methods of contact listed on this~~  
7 ~~application will be shared with your managed care organization or~~  
8 ~~health plan provider. Please indicate below your preferred methods~~  
9 ~~of contact in order of preference, with the number 1 being the most~~  
10 ~~preferable method.~~

11 ~~[(1) By telephone (if contacted by cellular telephone,~~  
12 ~~the call may be autodialed or prerecorded, and your carrier's usage~~  
13 ~~rates may apply)? Yes No~~

14 ~~[Telephone number: \_\_\_\_\_]~~

15 ~~[Order of preference: 1 2 3 (circle a number)]~~

16 ~~[(2) By text message (a free autodialed service, but~~  
17 ~~your carrier may charge message and data rates)? Yes No~~

18 ~~[Cellular telephone number: \_\_\_\_\_]~~

19 ~~[Order of preference: 1 2 3 (circle a number)]~~

20 ~~[(3) By e-mail? Yes No~~

21 ~~[E-mail address: \_\_\_\_\_]~~

22 ~~[Order of preference: 1 2 3 (circle a number)].]~~

23 (h) For purposes of Subsections (g)(2) and (3), the  
24 commission shall implement a process to:

25 (1) transmit the applicant's preferred contact methods  
26 and consent to the managed care organization or health plan  
27 provider;

28 (2) allow an applicant to change the applicant's  
29 preferences in the future, including providing for an option to opt  
30 out of electronic communication; and

31 (3) communicate updated information to the managed



1 care organization or health plan provider.

2           (3) In SECTION 11 of the bill, adding transition language  
3 (page 5, lines 2 through 5), insert the following appropriately  
4 numbered subdivision and renumber subsequent subdivisions of the  
5 SECTION accordingly:

6           ( ) adopt a revised application form for medical  
7 assistance benefits that conforms to the requirements of Section  
8 32.025(g), Human Resources Code, as amended by this Act;

**LEGISLATIVE BUDGET BOARD**  
**Austin, Texas**

**FISCAL NOTE, 87TH LEGISLATIVE REGULAR SESSION**

**May 27, 2021**

**TO:** Honorable Dade Phelan, Speaker of the House, House of Representatives

**FROM:** Jerry McGinty, Director, Legislative Budget Board

**IN RE: HB4** by Price (Relating to the provision and delivery of certain health care services in this state, including services under Medicaid and other public benefits programs, using telecommunications or information technology and to reimbursement for some of those services.), **As Passed 2nd House**

<p><b>The fiscal implications of the bill cannot be determined at this time due to the inability to determine the impact on service utilization.</b></p>
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The bill would require the Health and Human Services Commission (HHSC) to ensure a rural health clinic may be reimbursed for the originating site facility fee or the distant site practitioner fee or both, for a covered telemedicine medical service or telehealth service delivered by a health care provider to a Medicaid recipient.

The bill would require HHSC, by January 1, 2022, to ensure individuals receiving services through Medicaid, the Children's Health Insurance Program (CHIP), and other public benefits programs administered by HHSC or another health and human services agency, have the option to receive certain services as telemedicine medical services, telehealth services, or otherwise using telecommunications or information technology, to the extent it is permitted by federal law and is determined cost-effective and clinically effective by HHSC. Covered services would include preventative health and wellness services; case management services, including targeted case management; behavioral health services; occupational, physical, and speech therapy services; nutritional counseling services; and assessment services, including nursing services under certain Section 1915(c) waiver programs.

The bill would require HHSC to implement a system that ensures behavioral health services may be provided using an audio-only platform in Medicaid, CHIP, and other public benefits programs administered by HHSC or another health and human services agency and allow HHSC to authorize the provision of other services using an audio-only platform.

The bill would allow Medicaid managed care organizations (MCOs) to reimburse for home telemonitoring services not specifically defined in Government Code Section 531.02164.

The bill would require HHSC to implement policies and procedures to allow Medicaid MCOs to conduct assessment and service coordination activities for members receiving home and community-based services through telecommunication or information technology in certain circumstances.

The bill would allow an outpatient chemical dependency treatment program to provide treatment using telecommunications or information technology.

The bill would take effect immediately if it receives a vote of two-thirds of all the members elected to each house, as provided by Section 39, Article II, Texas Constitution. Otherwise, the bill would take effect September 1, 2021.

It is unknown how these changes will impact service utilization.

The Department of State Health Services indicates that any costs associated with the bill could be absorbed within the agency's existing resources. It is assumed that costs to HHSC associated with rulemaking, and development of any state plan amendments or waivers could be absorbed within existing agency resources.

**Local Government Impact**

No fiscal implication to units of local government is anticipated.

**Source Agencies:** 529 Hlth & Human Svcs Comm, 537 State Health Services

**LBB Staff:** JMc, AKI, JLI, RD

LEGISLATIVE BUDGET BOARD

Austin, Texas

FISCAL NOTE, 87TH LEGISLATIVE REGULAR SESSION

May 19, 2021

TO: Honorable Lois W. Kolkhorst, Chair, Senate Committee on Health & Human Services

FROM: Jerry McGinty, Director, Legislative Budget Board

IN RE: **HB4** by Price (Relating to the provision and delivery of certain health care services in this state, including services under Medicaid and other public benefits programs, using telecommunications or information technology and to reimbursement for some of those services.), **Committee Report 2nd House, Substituted**

**The fiscal implications of the bill cannot be determined at this time due to the inability to determine the impact on service utilization.**

The bill would require the Health and Human Services Commission (HHSC) to ensure a rural health clinic may be reimbursed for the originating site facility fee or the distant site practitioner fee or both, for a covered telemedicine medical service or telehealth service delivered by a health care provider to a Medicaid recipient.

The bill would require HHSC, by January 1, 2022, to ensure individuals receiving services through Medicaid, the Children's Health Insurance Program (CHIP), and other public benefits programs administered by HHSC or another health and human services agency, have the option to receive certain services as telemedicine medical services, telehealth services, or otherwise using telecommunications or information technology, to the extent it is permitted by federal law and is determined cost-effective and clinically effective by HHSC. Covered services would include preventative health and wellness services; case management services, including targeted case management; behavioral health services; occupational, physical, and speech therapy services; nutritional counseling services; and assessment services, including nursing services under certain Section 1915(c) waiver programs.

The bill would require HHSC to implement a system that ensures behavioral health services may be provided using an audio-only platform in Medicaid, CHIP, and other public benefits programs administered by HHSC or another health and human services agency and allow HHSC to authorize the provision of other services using an audio-only platform.

The bill would allow Medicaid managed care organizations (MCOs) to reimburse for home telemonitoring services not specifically defined in Government Code Section 531.02164.

The bill would require HHSC to implement policies and procedures to allow Medicaid MCOs to conduct assessment and service coordination activities for members receiving home and community-based services through telecommunication or information technology in certain circumstances.

The bill would allow an outpatient chemical dependency treatment program to provide treatment using telecommunications or information technology.

The bill would take effect immediately if it receives a vote of two-thirds of all the members elected to each house, as provided by Section 39, Article II, Texas Constitution. Otherwise, the bill would take effect September 1, 2021.

It is unknown how these changes will impact service utilization.

The Department of State Health Services indicates that any costs associated with the bill could be absorbed within the agency's existing resources. It is assumed that costs to HHSC associated with rulemaking, and development of any state plan amendments or waivers could be absorbed within existing agency resources.

**Local Government Impact**

No fiscal implication to units of local government is anticipated.

**Source Agencies:** 529 Hlth & Human Svcs Comm, 537 State Health Services

**LBB Staff:** JMc, AKI, JLI, RD

**LEGISLATIVE BUDGET BOARD**

**Austin, Texas**

**FISCAL NOTE, 87TH LEGISLATIVE REGULAR SESSION**

**May 10, 2021**

**TO:** Honorable Lois W. Kolkhorst, Chair, Senate Committee on Health & Human Services

**FROM:** Jerry McGinty, Director, Legislative Budget Board

**IN RE: HB4** by Price (Relating to the provision and delivery of health care services under Medicaid and other public benefits programs using telecommunications or information technology and to reimbursement for some of those services.), **As Engrossed**

**The fiscal implications of the bill cannot be determined at this time due to the inability to determine the impact on service utilization.**

The bill would require the Health and Human Services Commission (HHSC) to ensure a rural health clinic may be reimbursed for the originating site facility fee or the distant site practitioner fee or both, for a covered telemedicine medical service or telehealth service delivered by a health care provider to a Medicaid recipient.

The bill would require HHSC, by January 1, 2022, to ensure individuals receiving services through Medicaid, the Children's Health Insurance Program (CHIP), and other public benefits programs administered by HHSC or another health and human services agency, have the option to receive certain services as telemedicine medical services, telehealth services, or otherwise using telecommunications or information technology, to the extent it is permitted by federal law and is determined cost-effective and clinically effective by HHSC. Covered services would include preventative health and wellness services; case management services, including targeted case management; behavioral health services; occupational, physical, and speech therapy services; nutritional counseling services; and assessment services, including nursing services under certain Section 1915(c) waiver programs.

The bill would require HHSC to implement audio-only benefits for behavioral health services provided in Medicaid, CHIP, and other public benefits programs administered by HHSC or another health and human services agency and allow HHSC to implement audio-only benefits for other services.

The bill would allow Medicaid managed care organizations (MCOs) to reimburse for home telemonitoring services not specifically defined in Government Code Section 531.02164.

The bill would require HHSC to implement policies and procedures to allow Medicaid MCOs to conduct assessment and service coordination activities for members receiving home and community-based services through telecommunication or information technology in certain circumstances.

The bill would take effect immediately if it receives a vote of two-thirds of all the members elected to each house, as provided by Section 39, Article II, Texas Constitution. Otherwise, the bill would take effect September 1, 2021.

It is unknown how these changes will impact service utilization.

The Department of State Health Services indicates that any costs associated with the bill could be absorbed within the agency's existing resources. It is assumed that costs to HHSC associated with rulemaking, and development of any state plan amendments or waivers could be absorbed within existing agency resources.

**Local Government Impact**

No fiscal implication to units of local government is anticipated.

**Source Agencies:** 529 Hlth & Human Svcs Comm, 537 State Health Services

**LBB Staff:** JMc, AKI, JLI, RD

**LEGISLATIVE BUDGET BOARD**

**Austin, Texas**

**FISCAL NOTE, 87TH LEGISLATIVE REGULAR SESSION**

**April 4, 2021**

**TO:** Honorable Stephanie Klick, Chair, House Committee on Public Health

**FROM:** Jerry McGinty, Director, Legislative Budget Board

**IN RE: HB4** by Price (Relating to the provision and delivery of health care services under Medicaid and other public benefits programs using telecommunications or information technology and to reimbursement for some of those services.), **Committee Report 1st House, Substituted**

**The fiscal implications of the bill cannot be determined at this time due to the inability to determine the impact on service utilization.**

The bill would require the Health and Human Services Commission (HHSC) to ensure a rural health clinic may be reimbursed for the originating site facility fee or the distant site practitioner fee or both, for a covered telemedicine medical service or telehealth service delivered by a health care provider to a Medicaid recipient.

The bill would require HHSC, by January 1, 2022, to ensure individuals receiving services through Medicaid, the Children's Health Insurance Program (CHIP), and other public benefits programs administered by HHSC or another health and human services agency, have the option to receive certain services as telemedicine medical services, telehealth services, or otherwise using telecommunications or information technology, to the extent it is permitted by federal law and is determined cost-effective and clinically effective by HHSC. Covered services would include preventative health and wellness services; case management services, including targeted case management; behavioral health services; occupational, physical, and speech therapy services; nutritional counseling services; and assessment services, including nursing services under certain Section 1915(c) waiver programs.

The bill would require HHSC to implement audio-only benefits for behavioral health services provided in Medicaid, CHIP, and other public benefits programs administered by HHSC or another health and human services agency and allow HHSC to implement audio-only benefits for other services.

The bill would allow Medicaid managed care organizations (MCOs) to reimburse for home telemonitoring services not specifically defined in Government Code Section 531.02164.

The bill would require HHSC to implement policies and procedures to allow Medicaid MCOs to conduct assessment and service coordination activities for members receiving home and community-based services through telecommunication or information technology in certain circumstances.

The bill would take effect immediately if it receives a vote of two-thirds of all the members elected to each house, as provided by Section 39, Article II, Texas Constitution. Otherwise, the bill would take effect September 1, 2021.

According to information provided by the Department of State Health Services, the agency would need to maintain a telehealth system in order to provide case management services, the cost of which is estimated to be \$0.2 million in General Revenue each fiscal year.

It is unknown how these changes will impact service utilization.



It is assumed that costs associated with rulemaking, and development of any state plan amendments or waivers could be absorbed within existing agency resources.

**Local Government Impact**

No fiscal implication to units of local government is anticipated.

**Source Agencies:** 529 Hlth & Human Svcs Comm, 537 State Health Services

**LBB Staff:** JMc, AKI, JLI, RD

**LEGISLATIVE BUDGET BOARD**  
**Austin, Texas**

**FISCAL NOTE, 87TH LEGISLATIVE REGULAR SESSION**

**March 27, 2021**

**TO:** Honorable Stephanie Klick, Chair, House Committee on Public Health

**FROM:** Jerry McGinty, Director, Legislative Budget Board

**IN RE: HB4** by Price (Relating to telemedicine, telehealth, and technology-related health care services.), **As Introduced**

The fiscal implications of the bill cannot be determined at this time due to the inability to determine the impact on service utilization.

The bill would require the Health and Human Services Commission (HHSC) to ensure a rural health clinic may be reimbursed for the originating site facility fee or the distant site practitioner fee or both, for a covered telemedicine medical service or telehealth service delivered by a health care provider to a Medicaid recipient.

The bill would require HHSC, by January 1, 2022, to implement reimbursement for telemedicine and telehealth services for several programs, benefits, and services, including: Children with Special Health Care Needs; Early Childhood Intervention; School Health and Related Services; physical, occupational, and speech therapy; targeted case management; nutritional counseling services; Texas Health Steps checkups; Medicaid 1915(c) waiver programs; and any other program, benefit, or service HHSC determines to be cost and clinically effective.

The bill would require HHSC to implement audio-only benefits for behavioral health services and allow HHSC to implement audio-only benefits for other services.

The bill would allow Medicaid managed care organizations (MCOs) to reimburse for home telemonitoring services not specifically defined in Government Code Section 531.02164.

The bill would require HHSC to implement policies and procedures to allow Medicaid MCOs to conduct assessment and service coordination activities for members receiving home and community-based services through telecommunication or information technology in certain circumstances.

It is unknown how these changes will impact service utilization.

It is assumed that costs associated with rulemaking, and development of any state plan amendments or waivers could be absorbed within existing agency resources.

**Local Government Impact**

No fiscal implication to units of local government is anticipated.

**Source Agencies:** 529 Hlth & Human Svcs Comm

**LBB Staff:** JMc, AKI, JLI, RD